

**AUM Student Health Services
Immunization Record**

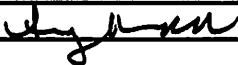
Patient Name: KRISTEN WATERS

Birthdate: 08/07/1990

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I.S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
	11/7/20	11/9/20	2mm	SP	C5711AA	⑥ forearm	AM

Initials	Signature	Initials	Signature
AM			

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